



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF PHYSICAL THERAPY AND ATHLETIC TRAINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS

INSTRUCTIONS

Enclose *all* of the following with this application and send to the address above:

- Processing fee of \$75 *per course* by check or money order made payable to "State of Delaware"
- Course objectives
- Presenter's credentials
- Detailed course schedule with start and end times, showing breaks and meal periods
- For home study courses, attach an explanation of how you calculated the hours requested. State the number of pages of written material. If an audio/video tape(s) is included, state actual running time.

For information on acceptable continuing education, see Section 13.0 of the Board's [Rules and Regulations](http://www.dpr.delaware.gov) on www.dpr.delaware.gov.

LICENSEE INFORMATION – Complete this section only if a licensee is submitting the form.

Name: _____ Delaware License #: J____ - _____

Home address: _____

Daytime phone: _____ Email: _____

SPONSOR/PRESENTER INFORMATION – Licensee, sponsor, or provider giving course completes this section.

Sponsored By: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

PROGRAM INFORMATION – Licensee, sponsor, or provider giving course completes this section.

Program Title: _____

Program Dates: _____

Person(s) authorized to sign course completion certificates: _____

Total Contact Hours Requested: _____

DECISION (Board Use Only)

☐ Approved Total Contact Hours Approved: _____ Total CEUs Approved: _____ Approval Expires: _____

☐ Denied Reason denied or tabled: _____

☐ Tabled _____

Authorized Signature: _____ **Date:** _____